WAC 246-976-730 Designation standards for facilities providing level I pediatric trauma care services--Resources and capabilities.

A facility with a designated level I pediatric trauma care service shall have:

(1) An emergency department with:

(a) A physician director who:

(i) Is board-certified in emergency medicine, pediatric emergency medicine, surgery or other relevant specialty; or

(ii) Has documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeons;

(iii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine or in surgery; and

(iv) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine;

(b) Emergency physicians who:

(i) Are board-certified in emergency medicine, or pediatric emergency medicine, or in a specialty practicing emergency medicine as their primary practice with special competence in care of pediatric trauma patients; (this requirement may be met by a surgical resident post graduate year two who is ATLS and ACLS trained, has completed the PER as defined in WAC 246-976-887, and is working under the direct supervision of the attending emergency department physician, until the arrival of the surgeon to assume leadership of the trauma team);

(ii) Are available within five minutes of the patient's arrival in the emergency department;

(iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;

(iv) Have completed the PER as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and

(v) Are designated members of the trauma team;

(c) Registered nurses who:

(i) Have completed the PER as defined in WAC 246-976-887;

(ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;

(iii) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for pediatric resuscitation, with equipment for resuscitation and life support of pediatric patients, including equipment as described in WAC 246-976-620;

(e) Routine radiological capabilities by a technician available within five minutes of notification of team activation;

(2) A surgery department including:

(a) An attending pediatric surgeon or general surgeon with special competence in pediatric care who is available within five minutes of notification of team activation, except as provided in (b) of this subsection. The attending surgeon shall:

(i) Provide trauma team leadership upon arrival in the resuscitation area;

(ii) Be board-certified;

(iii) Have trauma surgery privileges as delineated by the medical staff;

(b) A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. In this case, the attending surgeon shall be available within twenty minutes of notification of team activation.

(c) All general surgeons and surgical residents who are responsible for care and treatment of trauma patients shall:

(i) Be trained in ATLS and ACLS, except this requirement shall not apply to a physician board-certified in surgery;

(ii) Have completed the PER as defined in WAC 246-976-887;

(3) An operating room available within five minutes of notification of team activation, with:

(a) A registered nurse or designee of the operating room staff who is available within five minutes of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;

(b) A written policy providing for mobilization of additional surgical teams for pediatric trauma patients;

(c) Instruments and equipment appropriate for pediatric surgery, including equipment as described in WAC 246-976-620;

(4) A post-anesthetic recovery unit with:

(a) Essential personnel, including at least one registered nurse available twenty-four hours a day;

(b) Nurses ACLS trained;

(c) Nurses who have completed the PER as defined in WAC 246-976-887;

(d) Appropriate monitoring and resuscitation equipment.

(5) A pediatric critical care service, with:

(a) A pediatric critical care unit, including patient isolation capacity;

(b) A medical director or codirector who is board-certified in pediatrics, with sub-board certification in critical care, with responsibility for coordinating with the attending staff for the care of pediatric trauma patients, including:

(i) Development and implementation of policies;

(ii) Coordination of medical care;

(iii) Determination of patient isolation;

(iv) Authority for patient placement decisions;

(v) Equipment;

(vi) Coordination of staff education;

(vii) Coordination of statistics; and

(viii) Identification of criteria for reviewing quality of care on all pediatric critical care unit trauma patients in conjunction with the trauma service medical director;

(c) A physician with special competence in pediatric critical care available within five minutes of notification;

(d) A physician-directed code team;

(e) Pediatric critical care nursing with registered nurses who have:

(i) Special competence in pediatric trauma care; and

(ii) Completed the PER as defined in WAC 246-976-887;

(f) Equipment as described in WAC 246-976-620 and 246-976-825;

(6) Respiratory therapy available within five minutes of notification;

(7) A clinical laboratory technologist available within five minutes of notification;

(8) Clinical laboratory services, including:

(a) Standard analyses of blood, urine, and other body fluids;

(b) Coagulation studies;

(c) Blood gases and pH determination;

(d) Serum and urine osmolality;

(e) Microbiology;

(f) Serum alcohol and toxicology determination;

(g) Drug screening; and

(h) Microtechnique.

(9) Blood and blood-component services, including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs;

(b) Noncrossmatched blood available on patient arrival in the emergency department;

(c) Blood typing and cross-matching;

(d) Policies and procedures for massive transfusion;

(e) Autotransfusions; and

(f) Blood storage capability;

(10) A radiological service, including:

(a) A technician available within five minutes of notification, able to perform the following:

(i) Routine radiological procedures; and

(ii) Computerized tomography;

(b) A technician on-call and available within twenty minutes of notification, able to perform the following:

(i) Angiography of all types;

(ii) Sonography;

(iii) Nuclear scanning;

(11) Acute dialysis capability, or written transfer agreements.

(12) (a) A physician-directed burn unit staffed by nursing personnel trained in burn care, and equipped to care for extensively burned pediatric patients; or

(b) Written transfer guidelines and agreements for burn care, in accordance with the guidelines of the American Burn Association.

(13) The ability to manage acute head and/or spinal cord injuries. Early transfer to an appropriate pediatric trauma rehabilitation service shall be considered.

(14) A trauma rehabilitation coordinator to facilitate the trauma patient's access to pediatric rehabilitation services.

(15) (a) A designated pediatric trauma rehabilitation service; or

(b) Written agreements to transfer patients to designated pediatric trauma rehabilitation services when medically feasible.

(16) Heli-stop, landing zone or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft.